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CENTRAL FAX CENTER

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LYNN G. FOSTER L.C.

A LIMITED LIABILITY COMPANY

OCT 1 1 2005

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RELATED LITIGATION

602 EAST 300 SOUTH
SALT LAKE CITY, UTAH 84102
TELEPHONE: (801) 364-5633
FACSIMILE: (801) 355-8938
E-MAIL: foster@fosterpatlaw.com

REG. PROP. ENGINEER ATTORNEY AT LAW PATENT ATTORNEY

FACSIMILE COVER PAGE

DATE:

October 11, 2005

TO:

Examiner Hieu Phan

FAX NUMBER:

(571) 273-8300

APPLICATION NO 09/938,882

TOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 15

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FORM PTO - 1083

RECEIVED **CENTRAL FAX CENTER**

Case Docket No. 7134.D2

In re application of:

MARK PLAIA, ET AL.

09/938,882

Serial No.: Filed:

OCT 1 1 2005 August 24, 2001 ANTI-STENOTIC METHOD AND PRODUCT FOR OCCLUDED AND PARTIALLY OCCLUDED ARTERIES

For: COMMISSIONER FOR PATENTS

P.O. BOX 1450 ALEXANDRIA, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above identified application.

- X Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- X No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	(Small Entity)		(Other than Small Entity)		
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
Total	 	minus		=	x \$	\$	x\$.	S
Indep.		minus		=	x \$	\$	x \$	\$

First Presentation of Multiple Dep.	+\$1 \$	+ \$'	\$
Total Additional Fec	\$		S

- If entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- If less than 20 in this space, write "20" in this space.
- If less than 3 in this space, write "3" in this space. "Highest No. Previously Paid For" is highest no. in Col. 1 from prior Amendment or number of claims originally filed.

Please charge my Deposit Account No. 06-1620 in the amount of \$_____. A duplicate copy of this sheet is attached. is attached.

- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit A check in the amount of \$__ any overpayment to Deposit Account No. 06-1620. A duplicate copy of this sheet is attached.
 - Any filing fee under 47 CFR 1.16 for the presentation of extra claims. <u>x</u>
 - Any patent application processing fees under 37 CFR 1.17. <u>X</u>

Respectfully submitted

for Applicant

602 East 300 South Salt Lake City, Utah 84102 Telephone: (801) 364-5633

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3/15

IN THE UNITED STATES PATENT AND TRADEMARK OF				CENTRAL FAX CENTER	
In re Patent A	Application of:)		OCT 1 1 2005	
Mark Plaia, et al.) Docket No. 5	5770.CD2C.2		
Serial No.:	09/938,882) Art Unit:	3738		
Filed:	August 24, 2001) Examiner:	Hieu Phan		
For:	ANTI-STENOTIC METHOD AND PRODUCT FOR OCCLUDED AND PARTIALLY OCCLUDED ARTERIES)))			

AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Further in response to the Office Action mailed September 22, 2005, please amend the above-identified application as follows:

IN THE CLAIMS:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent A	pplication of:)			
Mark Plaia, et al.			Docket No. 5770.CD2C.2		
Serial No.:	09/938,882)	Art Unit:	3738	
Filed:	October 11, 2005)	Examiner:	Hieu Phan	
For:	ANTI-STENOTIC METHOD AND PRODUCT FOR OCCLUDED AND PARTIALLY OCCLUDED ARTERIES)))			

CERTIFICATION OF FILING BY FACSIMILE TRANSMISSION

Honorable Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

I hereby cerify that the attached AMENDMENT was transmitted by facsimile to the above-identified Examiner at (571) 273-8300 on the date indicated below.

Respectfully submitted,

October 11, 2005

Attorney for Applicants